SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart. PO βοχ 58 Washburn, WI 54891 (715) 373-6138

Date Stampul Received)

NOV 29 2012 APPLICATION FOR PERMIT

Refund:	Amount Paid:	Date:	Permit #:	
	#17671-30/04	ひ-21200	13-0009	本ころ

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dent Refund:

PLICE TOTAL Matthew McQueen TYPE OF PERMIT REQUESTED-H2810 Lake Authorized Agent: Address of Property: PROJECT LOCATION Section 1/4, Ñ C. Alphanso ☐ is Property/Land within 300 feet of River, Stream (Ind. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶ Legal Description: (Use Tax Statement) Rasmussen , Township igning Application on behalf of Owner(s)) ST. 1/4 S F DA SO Mailing Address: Gov't Lot Z N, Range Lot(s) 6 Contractor Phone: 794-2561 21540 Co. Hwy M Cable 54831 Atta PIN: (23 digits) Recorded Document: (i.e., 100-331-1800 Volume 1028 E ٤ Agent Phone: City/State/Zip: 932 CSM W 85th □ PRIVY Vol & Page Namakagon Plumber: HOW DO I FILL OUT THIS APPLICATION (visit our website Agent Mailing Address (include City/State/Zip): 4 CONDITIONAL USE | Distance Structure is from Shoreline : 18849 Lot(s) No. New Block(s) No. YONK SPECIAL USI \geq Lot Size Subdivision 3 4600 3 <u>H</u> Youngs Is Property în Floodplain Zone? Written Authorization Cell Phone: Plumber Phone: Telephone Acreage , 86 Page(s) 84 #ssessors unty.org/zoning/asp) □ No Are Wetlands
Present?

"Yes

of Completion * include donated time &	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	□ New Construction	A. 1-Story	□ Seasonal	K 1	☐ Municipal/City	□ City
Դ	☐ Addition/Alteration	☐ 1-Story + Loft		□ 2	☐ (New) Sanitary Specify Type:	X Well
÷	☐ Conversion	2-Story .		□ 3	X Sanitary (Exists) Specify Type:	
	☐ Relocate (existing bldg)	Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on _	□ No Basement		□ None	☐ Portable (w/service contract)	
	Property	☐ Foundation			☐ Compost Toilet	
	X 577K				□ None	

¥ Shoreland

K. Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Å

Distance Structure is from Shoreline :

□ XYes

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	Proposed Construction: Length:	Existing Structure: (if permit being applied for is relevant to it) Length:	
	Width:	Width:	
CALLA	Height:	Height:	

With (2 nd) Deck with Attached Garage (With (2 ⁿ) Deck With Attached Garage (
TIES (() () () () () () () () ()	(
	complete. Id

Authorized Agent: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) bu are signing on behalf of the owner(s) a letter of authorization must accompany this

> Date \mathcal{L}_{∞} 9

Date

Attach

Copy of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Address to send permit

21540 6

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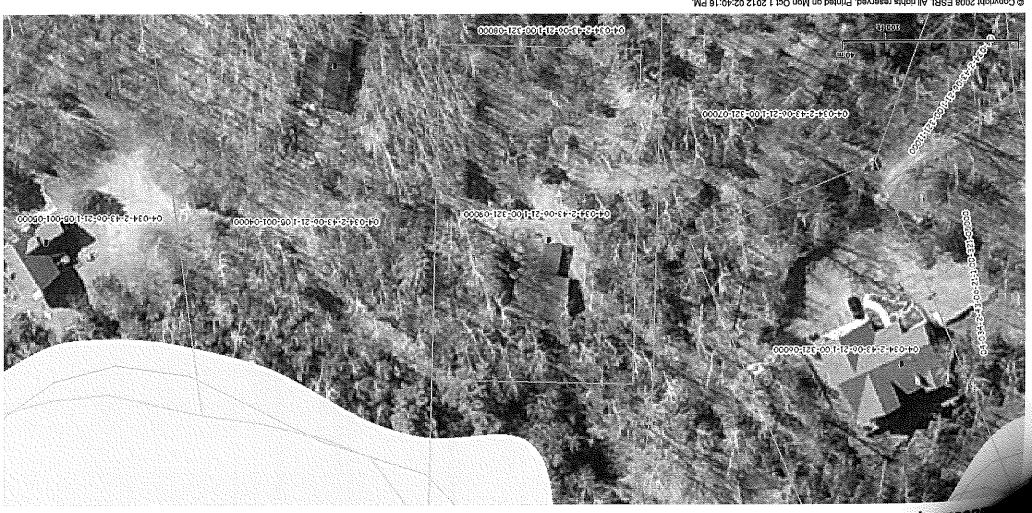
And TBH Signature of Inspector: Madad A Hold For Sanitary:	Condition(s): Town, Committee or Board Conditions Attached?	y is episting.	문루		Is Parcel a Sub-Standard Lot	Permit Benied (Date): Permit#: ノス・ハベスタ	Issuance Information (County Use Only)	(9) Stake or Mark Proposed Locatio NOTICE: All Land Use Perm For The Construction Of New One &	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		10		(2) Show / Indicate: North () (3) Show Location of (*): (*) Driv (4) Show: (5) Show: (*) Well (6) Show any (*): (*) Lake (7) Show any (*): (*) Wet
Hold For Affidavit.	inspected by: III . A with the inspect of be attached.)	ed via	NA		K NO NO 1	Reason for Denial: Permit Date: 3-7 - 17	Sanitary Number: 233654	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.	owner's expense. set but less than thirty (30) feet from the minimum required serb recrifiable by the Department by use of a corrected compass fro	Set Set Set Feet NA Feet	60 Feet Elevation of Floodplain		Feet Setback from the S	Measurement	point)		See attached.		North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Appropria	Date of	Zon	≰ ♀	y Variance (B.O.A.) Casi	d □ Yes X No Affidavit Required		# of bedrooms: Sa-1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	Orain field (DF), Holding Tank (HT), Privy (P) Re if Construction or Use has not begun. Required To Enforce The Uniform Dwelling Coo	back, the boundary line from which the setback must be me on: a known corner within 500 feet of the proposed site	no action is a second as a	oodplain	Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approved by the Planning & Zoning Dept.				e Road) -); (*) Holding Tank (HT) and/or (*) Privy (F
PP 73 /3	Re-Inspection:	(<i>RRB</i>)	□ No		red Dyes ANO	and the second	7-8	<u>)</u> , and <u>Well (</u> W). de.	previously surveyed corner to the measured must be visible from of the structure, or must be	/O Feet	W Feet		13) Feet	Measurement	Nanning & Zoning Dep				P)

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SUBMIT: COMPLETED API STATEMENT AND FEE TO: *. Tyfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR THE RAVIT Dard Stamp (RocciNed) 5 2012 SSD

Permit #: Amount Paid: でいる。

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept. Refund: (ENTERPLE)

			Rec'd for Issuance	Municipal Use				Commercial Use				Residential Use	×		- Adding a minimum profit of profit of the second of the s	Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)) k	Pro	□Rui	Rel	\$	2 :	□ Net	ion e &	☐ Non-Shoreland	XShoreland — XIs I		Section 34,7	ا (1/4,	PROJECT Legal	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mile Best Rocycations Lo		Address of Property:	Owner's Name: Suca A 7	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED—> LAND USE SANITARY
] 5 ×	1														•		rmit being	existi	Property,	☐ Run a Business on	Relocate (existing bldg)	Conversion	dition / A H	□ New Construction	Project (What are you applying for)		Property/l	Property/l k or Landv	, Township		1/4	legal Description:	ining Application or				UNTIL ALL P
900	Special U		Accessory	Accessory	Addition/	Mobile H	Bunkhous					nformació de la companiente del companiente de la companiente de la companiente de la companiente de la companiente del companiente de la		Residence	Principal			applied fo	الم		ess on 🋫	sting bldg)	teration	fornition	uction	alying for)		and within	and withir	ال ال	ب بر	Gov't Lot	7000	tion on behalf of Ow		<u>e</u>	00000 00000 000000	ERMITS HAVE BEEN
Othor (contain)	Special Use: (explain)	- Constitution of the Cons	Accessory Building Addition/Alteration	Accessory Building (spe	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, <u>or</u>	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 rd) Porch	with a Porch	with Loft		Principal Structure (first structure on property)			r is relevant to it)		☐ Foundation	☐ No Basement	Basement	Z-Story + con		□ 1-Storÿ	# of Stories and/or basement		Als Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	N, Range		Lot Lot(s)	tement)	The state of the s		*		E BEEN ISSUED TO A
	11-11-11-	1	ion/Altera	(specify)	cify)	ed date) _	<u>or</u>] sle∈	d Garage	웃		ch.	Ì		ting shack	structure	Prop	Ler	Ler	-		nt			+		ent		e, Pond or I	Stream (i	₩	O C	CSM	PIN: (23 digi 04- 03 (Agent Phone: 58	Contractor Phone:	City/State/Zip:	Mailing Add	SUED TO APPLICANT. SANITARY PRIVY
	JEVIN.	†	ation (specify)		and the second s		☐ sleeping quarters, <u>or</u>					- Andrew Control of the Control of t		j.	on propert	Proposed Structure	Length:	Length:					□ Nound	Vest Boin	Seasonal	Use		r Flowage -continue 🔟	ncl. Intermittent	2	Town of:	Vol & Page	PIN: (23 digits) 04- 03 (2) - 43	25.5g	Phone:	c Ezi	7	
	FCW19	.1	ify)											Set.	y)	ture					□ None			-	X	# of bedrooms				Namakagen			-06-		Plumber:	6	37.60	CONDITIONAL USE X SPECIAL USE
							oking & fo										-	_	_						X L S L	oms		ce Structi	ce Structi	ig by:		Lot(s) No.		ailing Addro		25	City/St	TIONALI
	***************************************		The state of the s				☐ cooking & food prep facilities)										Width:	Width:	None		☐ Portab	Privy (Pit)	Sanitary (Exists) Specify Type DV1	- 1	□ Munici			Distance Structure is from Shoreline : fee	Distance Structure is from Shoreline :	2		Block(s) No.	Soan 20	Agent Mailing Address (include City/State/Zip): 1.0. Box 1361 Haguard		22/	City/State/Zip:	S APPLICATI
			-				cilities)													Compost Toilet	Portable (w/service contract)	Pit) or	ry (Exist:	(New) Sanitary	Municipal/City	What Type of Sewer/Sanitary System Is on the property?		1 Shorelin	Shorelin		5			City/State			<u> </u>	ON (visit o
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×	×		×	×	×	X	×	×	×	×	×	×	×	×	×	mensions	H	He	***************************************		tract)	Ited (mi	Type V	Specify Type:		e of y Syster perty?			ls Prop			# 1	347		,		S5438	e www.bayfi □ B.O.A.
<u> </u>	- -	-	_	_))))	_	_	~	_	. -)	ns	Height:	Height:		***************************************		ted (min 200 gallon)	مرا			n		□ No	ls Property in	Ĩ	Acreage		t: (i.e. Prope Page(Written Al Attached	Plumber Phone:	Cell Phone:	Telephone:	ayfieldcount
			an mountainstrate designates											*Harris and the same of the sa	the desirement of the state of	Square Footage								X Well	□ City	Water		¥Yes □ No	Are Wetlands Present?	ش	rD (347 Page(s) 110	Written Authorization Attached Tes No	hone:	\$35-209	Telephone: 952 - 828 - 82	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) ☐ CONDITIONAL USE X SPECIAL USE ☐ B.O.A. ☐ OTHER

Address to send permit

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Bod ng on

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er(s) a letter of authorization

must ac

npany this

application)

Date

Ė

Date

Attach

Copy of Tax Statement

From the property send your Recorded Deed

Authorized Agent:

(If you

Owner(s): (If there are Multiple Owners listed on the Deed All Owners)

must sign or letter(s) of authorization must accompany this application)

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

|--|

your Property (regardless of what you are applying for)

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SUBMIT: COMPLETED APPLIC Bayfield County
Platzning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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DEC 0.5.7017 C(CS)HAPPLICATION FOR PERMIT DEC 052012

Refund:	Amount Paid:	Date:	Permit #:	
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	The second second				,	> STOTE 1
Are Wetlands	Is Property in	reline : feet	Distance Structure is from Shoreline:	/er, Stream (Ind. Intermittent) If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	•
256			Namakayon		, Township 70 N, Range 0 W	Section (
'eage	Acr	Lot Size		Town of:	2 1/2	-
a de la companya de l	on:	Subdivision:	Lot(s) No. Block(s) No.	Lot(s) CSM Vol & Page 17 37 3, 17	1/4 Gov't Lot Lot(1/4,
Document (i.e. Property Ownership) Page(s) 37	Document: (i.e. P	Recorded Volume_	PIN: (23 digits) Recorded 104-034-2-43-66-13-3 05-004-1000 Recorded 104-034-2	PIN: (23 digits) 04-034-2-43-66	Legal Description: (Use Tax Statement)	PROJECT LOCATION
Written Authorization Attached Yes □ No	S & S And	State/Zip):	P.O Box 136 Llayward wit Sydy Attached Attache	1194-855-401A	Who Best No wantand Rented	Mile Bes
Plumber Phone:	Pluml		Plumber:		Circles Applications to talk 100 - 100	Contractor:
612-325-2098	6/2		5 54921	Chop I SHOW	43200 Reysout RX	4328
hone:	Cell Phone:		Service Control	City/State/Zip:		Address of Property:
351-82-88-985	10 10 10 10 10 10 10 10 10 10 10 10 10 1		2008 restancional Colina Mr. M.	Jose woster	Bruce A Thomson	Dryg A
hone:	□ B.O.A. □ OTHER	CIAL USE	City/State/Zip:	□ SANITARY □ PRIVY □ Mailing Address:	LANDOSE	Owner's Name:
county.org/zoning/asp)	site www.bayfieldc	isit our web			PERMITS HAVE BEEN IS	DO NOT START CONSTRU
		Keruna:	ing Dept	ayfield Co.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.	INSTRUCTIONS: No perm Checks are made payable

Proposed Construction:	Existing Structure			ı			-	у	·	Value at Time of Completion * include donated time & material	☐ Non-Shoreland	Ashoreland —	1
ction:	Existing Structure: (If permit being applied for is relevant to it)	V	- existive	Property	☐ Run a Business on •	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	☐ New Construction	Project (What are you applying for)		A Snoreland 🛶 X is Property/Land within 1000 feet of Lake, Pond or Flowage if yescontinue	Creek or Landward side of Floodplain?
	ir is relevant to it)		tang	_ Foundation	☐ No Basement	☐ Basement	於 2-Story 十	1-Story + Loft	□ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Poni	Creek or Landward side of Floodplain? If yescontinue
Length:	Length:							💆 Year Round	☐ Seasonal	Use		Pond or Flowage If yescontinue	If yes—continue —>
					□ None	X C	3	□ 2	<u>اس</u>	# of bedrooms		Distance Stru	Distance Stru
Width:	Width:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	(New) Sanitary Speci-	☐ Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?		Distance Structure is from Shoreline :	feet
Height:	Height:				ntract)	ı lted (min 200 gallon)	ify Type: (band w)	ify Type:		pe of ry System operty?		XYes □ No	Is Property in /
			·J				Ŧ	'‱well	☐ City	Water		□ Yes	Are Wetlands Present?

Proposed Use	٠	Proposed Structure		Dimensions	Square
		Principal Structure (first structure on property)	_	×	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
		with Loft		×	3
> Residential Use		with a Porch	_	×	
		with (2 nd) Porch	~	×	
		with a Deck)	×	
		with (2 nd) Deck	\neg	×)	
☐ Commercial Use		with Attached Garage)	x)	
		Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)	^	×	Paris Privillabite areas
-		Mobile Home (manufactured date))	×)	
		Addition/Alteration (specify)	~	×	and a second sec
- Wullicipal use		Accessory Building (specify))	x)	
		Accessory Building Addition/Alteration (specify)	_	×	
	' Sk	Special Use: (explain) SuprI-Term /CMTQ/	1	x)	
		Conditional Use: (explain))	x)	
		Other: (explain)	(×)	TO THE PARTY OF TH

FAILURE TO OBTAIN A PERMIT ON STAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

((we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information, I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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(If there are Multiple Owners listed on the Deed All Owners and sign or letters) of authorization must accompany this application)

Authorized Agent: (IF Vo. on behalf of the owner(s) a letter of authorization

Address to send permit

Box

35

Haywa

7

SAZAZ AS

Date

*(*2)

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Attach

Copy of Tax Statement

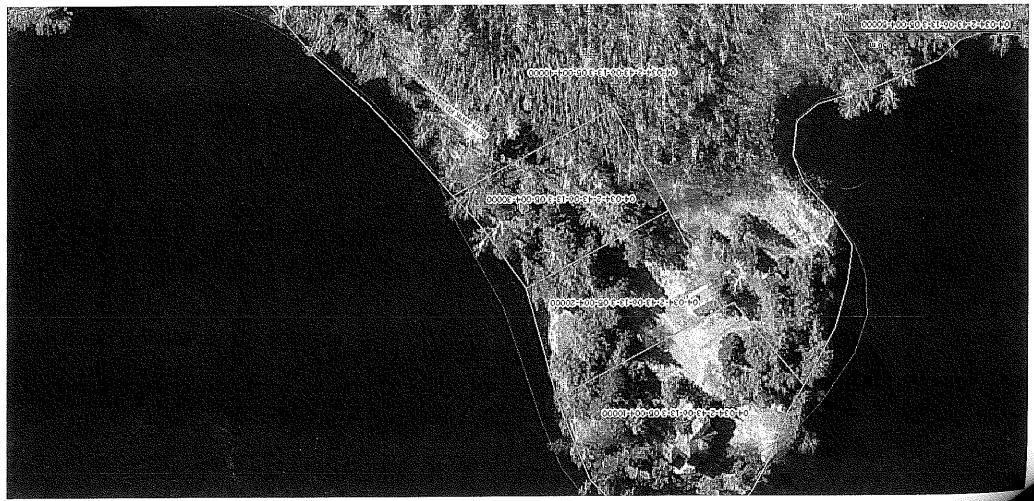
Copy of Tax Statement

ntly purchased the property send your Recorded Deed

Condition(s): Town, Committee or Board Committee or	ase #: reated neated	For The Construction Of New O The Ic Issuance Information (County Use Only) Permit # 13 - 031 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Xyes	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Descrip	(2) Show Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Yes	7/A	uction Of New One & Two Family Dwelling: ALL Municipals The local Town, Village, City, State or Federal ag ity Use Only) Sanitary Number: 184/05 Reason for Denial: Reason for Denial: Permit Date: 3-31-13 Yes (Fused/Contiguous Lot(s)) No Mitigatic Witigatic	(prior to continuing) (prior to continuing) red to the closest point) red to the closest point) Measurement B Howy M Heet Feet Feet Feet Within ten (10) feet of the minimum required setback, the rest within ten (10) feet but less than thirty (30) feet from more than ten (10) feet but less than thirty (30) feet from more than ten (10) feet but less than thirty (30) feet from sy surveyed corner, or verifiable by the Department by use se.	North (N) on Plat Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
<u>to</u> they need to be attached.)	Previously Granted by Variance (B.O.A.) Yes X No Case	For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: 184105 # of bedrooms: 4 Sanitary Date: 7	Please complete (1) – (7) above (prior to continuing) Description	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Approval:	wher Ses JJA eyed Xves Zoning District K- Lakes Classification (Date of Re-Inspection:	Uniform Dwelling Code. Sanitary Date: 10 - 30-93	e approved by the Planning & Zoning Dept. Weasurement Weasurement Weasurement Weasurement Feet H Feet Feet) and/or (*) Privy (P)

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